


BOROUGH OF MORLEY



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

AND THE

CHIEF PUBLIC HEALTH INSPECTOR

(F. G. Sugden, D.P.A., M.R.S.H., F.A.P.H.I.,

A.M.I.P.H.E., A.M.Inst.P.C.)

FOR THE

YEAR ENDED 31st DECEMBER, 1957

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BOROUGH OF MORLEY

**MEMBERS OF THE PUBLIC HEALTH COMMITTEE,
1957—58****The Mayor**

Alderman F. Sykes

Chairman:

Councillor A. Attack

Deputy Chairman

Councillor G. P. Faulks

Alderman

E. Lodge

Councillors

Mrs. M. L. Barnes
Mrs. G. Gregory
H. Leathley
T. Redick
J. Sowden
A. Whitehead

Mrs. A. Clayton
Miss C. E. Hepworth, J.P.
H. Rankin
N. Smith
Mrs. R. Strickland
Mrs. L. Woollin

Local Health Authority

West Riding County Council

PUBLIC HEALTH STAFF.

BOROUGH OF MORLEY.

Medical Officer of Health.

Joseph Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.P.H.

Deputy Medical Officer of Health.

Barbara Briggs, M.B., Ch.B., D.P.H.

Chief Public Health Inspector.

F. G. Sugden, D.P.A., M.R.S.H.,
F.A.P.H.I., A.M.I.P.H.E., A.M.Inst.P.C.

Additional Public Health Inspectors.

G. E. Bottomley, M.R.S.H., M.A.P.H.I.,
A.M.Inst.P.C.

E. C. Lewis, M.R.S.H., M.A.P.H.I.

R. Wood, M.R.S.H., M.A.P.H.I.,
A.M.I.P.H.E.

Cleansing Officer.

A. Prince (Retired 28.2.57).

T. S. Slater (Died 30.10.57).

Public Health Inspector's Clerks.

R. Crabtree.

Miss J. Auty (Resigned 11.10.57).

Mrs. A. Slack (Appointed 11.11.57).

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13.

Divisional Medical Officer.

As above (M.O.H.).

Senior Assistant County Medical Officer and School Medical Officer

Barbara Briggs, M.B., Ch.B., D.P.H.

Assistant County Medical Officers and School Medical Officers

Irene Hargreaves, M.B., Ch.B.

Marianne H. Witt, L.R.C.S., L.R.C.P., D.P.H.

(Resigned 31.10.57).

George Firth, M.B., Ch.B. (Appointed 27.10.57).

Medical Officer to East Ardsley and Drighlington Child Welfare Centres (Part-time).

Ruth M. Chippendale, M.A., M.B., B.Ch., M.R.C.S.,
L.R.C.P., D.C.H.

School Dental Officer.

E. Thornton, L.D.S.

Health Visitors and School Nurses.

Miss N. Richardson, S.R.N., S.C.M., H.V. Certificate
(Retired 26.9.57).

Mrs. E. Garbutt, S.R.N., S.C.M., Fever Trained.

Miss E. K. Rhodes, S.R.N., S.C.M., (Part 1),
H.V. Certificate.

Mrs. E. M. Hemingway, S.R.W., S.C.M.,
H.V. Certificate.

Miss P. M. Taylor, S.R.N., S.C.M., H.V. Certificate
(Resigned 31.8.57).

Miss D. M. Habergham, S.R.N., S.C.M. (Part 1).

Miss B. S. Smith, S.R.N., S.C.M., H.V. Certificate.

Miss A. M. Coleman, S.R.N., S.C.M. (Part 1),
H.V. Certificate. (Appointed 1.12.57).

Mrs. D. J. Jackson, S.R.N., S.C.M.

Mental Health Social Worker.

Miss C. M. Glover (Resigned 1.1.57).

Mrs. A. Stell (Appointed 1.1.57).

Mental Health Home Teacher.

Mrs. M. E. Towell.

Home Nurses.

Miss J. Gomersall, S.R.N., Q.N. (Retired 31.7.57).

Miss O. R. Marriott, S.R.N., Q.N.

Mrs. C. Noble, S.R.N., Q.N.

Mrs. F. White, S.R.N., Q.N.

Miss E. Rothery, S.R.N., Q.N.

Miss J. Stokes, S.R.N., Q.N.

Miss A. M. Wood, S.R.N., Q.N.

Mrs M. Woollin, S.R.N.

Mrs. E. Newell, S.R.N. (Appointed 1.8.57).

Midwives.

Miss M. Burdon, S.R.N., S.C.M.
 Miss E. Chapman, S.C.M.
 Mrs. E. H. Hargreaves, S.C.M. (Retired 16.11.57).
 Mrs. J. A. Stakes, S.R.N., S.C.M. (Appointed 1.5.57).
 Mrs. M. Ellison, S.R.N., S.C.M. (Appointed 1.10.57).

Speech Therapist.

Miss G. Lawton, L.C.S.T. (Resigned 31.1.57).
 Mrs. Vallis, L.C.S.T. (Appointed 3.12.56).

Dental Attendant.

Mrs. S. Whitehead.

Joint Clerical Staff

Engaged in all constituent districts of the Division viz.,
 Morley, Ossett, Horbury and Wakefield R.D.
 A. Wright, D.M.A. (Senior Clerk).
 K. Schofield, D.P.A.
 G. A. Tyrell (Resigned 13.10.57).
 D. Leach.
 C. C. Roberts.
 Mrs. M. Thornburn (Appointed 6.5.57).
 Miss M. Halloran.
 Miss C. Brennan.
 Mrs. M. Kilburn.
 Mrs. C. Whitehead (Resigned 30.6.57).
 Miss J. Hollings.
 Mrs. C. M. Armstone (Resigned 6.3.57).
 Mrs. M. M. Jennings (Appointed 24.4.57).
 Miss E. Asquith (Appointed 26.8.57).
 Miss P. Crosby (Appointed 21.10.57).

LEEDS REGIONAL HOSPITAL BOARD.**Consultant Staff.****Ear, Nose and Throat Surgeon.**

H. Morus Jones, M.C., F.R.C.S., D.L.O.

Chest Physician.

T. Marmion, M.B., B.S. (London).

Ophthalmic Surgeon.

L. Wittels, M.D. (Vienna), D.O. (Oxon.).

Pædiatrician.

R. J. P. Pugh, M.B., Ch.B., M.R.C.P.,
D.C.H. (Resigned April 1957).

G. J. R. Soutter, M.B., Ch.B., M.R.C.P.E.,
D.C.H. (Appointed April 1957).

Orthopædic Surgeon.

Miss M A. Pearson, F.R.C.S.

Windsor House,
Queen Street.
Morley

July. 1958.

To His Worship the Mayor, Aldermen and Councillors of the
Borough of Morley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report of the
Medical Officer of Health for the year 1957.

Under the scheme of Divisional Health Administration your Medical Officer of Health is also the Divisional Medical Officer for the West Riding County Council's local health services, and has similar functions in the Borough of Ossett, the Urban District of Horbury and the Rural District of Wakefield. The scheme is designed to produce a closer integration of local authority health services.

The year under review was my first in office in this division. A great deal of my time was consequently spent in the re-organization or, to be more exact, the re-orientation of the work of the Health Department. to meet what I consider to be the changed needs of our modern post-war communities. The efforts of pre-war Medical Officers of Health were largely devoted to the control of infectious disease and the preservation of child health. Tuberculosis, diphtheria, scarlet fever, whooping cough and other diseases constituted a major and ever-present threat to family life. Half a century ago a town

with a population of 40,000 could expect to suffer an annual toll of over 100 deaths from a notifiable infectious disease. In 1957 there were 7 deaths only (six due to tuberculosis). Fifty years ago 14 of every 100 babies died in their first year: in 1957 only 3 per 100 suffered this fate. And again, whereas 50 years ago one could expect the deaths of 3 mothers in confinement each year, the position to-day is that only 3 maternal deaths have been recorded in the Borough of Morley during the past ten years.

Local government has played no small part in these triumphs of modern medicine particularly in the preventive field. But even victory can have drawbacks. The saving of life in childhood and young adult life, coupled with the lowered birth-rate of recent decades, has resulted in an ever-increasing proportion of aged persons in the community. With more old folk about and fewer young ones to care for them a new set of medico-social problems has arisen. The need to provide adequate care and attention to so many persons handicapped by the inevitable infirmities and weaknesses of advancing age has taxed the resources of our brave new welfare state. Malnutrition and serious neglect have largely disappeared from the child population but are not at all uncommon in the elderly. To meet this new challenge the local authorities are having to re-align their existing forces and bring up reinforcements. Thus our health visitors, the traditional guards of infant health, must now spend a much greater proportion of their time and energy visiting, advising and supervising the grandparents of their young clients. The home nurses too are finding that more and more of their work must be devoted to nursing the elderly chronic sick. The proportion of home-help time allotted to the aged and chronic sick in this divisional area has had to be increased to 90 %, and even more may be needed in the

near future. Voluntary organisations, apparently condemned to oblivion by the National Health Service Act, 1946, have blossomed forth again, bringing gaiety and freshness into the lives of so many Darbys and Joans. But in spite of this good work one is frequently finding patients for whom the existing domiciliary services appear inadequate and, almost by habit, one recommends either hospital or institutional care, each with its ever-growing waiting list.

Perhaps the first step to a solution of the problem should be to cast aside this extraordinary institutional "complex," which is a relic of the worst phases of the industrial revolution when the destitute had perforce to be admitted to institutions to prevent a nuisance to the rest of the community. The herding and segregating of elderly persons in a "Home," often many miles from their own village and away from life-long connections, should never be regarded as other than a painful and temporary expedient. The fact that most of these Homes are nowadays extremely comfortable in a physical sense and staffed by kind, considerate officers, in no way detracts, in my opinion, from the fundamental inhumanity of this method of care. I have yet to meet the person who anticipates transfer to a Welfare Home with any degree of pleasure even if, in desperation, he or she has pleaded for a place. Old people obviously prefer to spend their last years in a home of their own among their own possessions and memories and in their own community of relatives and friends. Surely this can be achieved much more often by the further development of our domiciliary services and by the further rapid expansion of the housing programme to include many more bungalows or ground-floor flats. The cost of providing adequate domiciliary assistance in Council houses (planned and designed to make living easier for handicapped old folk) should not often exceed the cost of institutional care. But even if the cost were

greater on balance, a mature and civilised community would surely be prepared to meet it. If, on the other hand, local government decides to regard its usefulness as invariably limited by the existing level of the general rate, its members may very well vote themselves into a state of stupor in which their surviving functions will be no more than those of vendors of salvaged paper and curators of public conveniences. Similarly, if in our concept of family life we choose to ignore or forget the moral responsibilities of children in relation to their ageing parents we should deserve no help at all from local or any other form of government. A course has to be steered between the Scylla of public parsimony and the Charybdis of private greed.

The Mental Health Service provides another example of the need to re-orientate our attitudes and techniques. The decline of ordinary physical ills has thrown into relief the numerous disabilities and diseases of mind which exist and have existed since time immemorial. Almost up to the present day mental illness and mental defect have been surrounded in the public mind by an aura of mysticism. The mental patient has been feared and shunned with the result that past legislation has had a strong bias towards the protection of the public rather than treatment of the patient. As with the aged the emphasis has been on institutional care. Even now, over 40% of the beds in the N.H.S. are mental hospital beds and, if the present trends continue, one family in five will at some time or other have one or more of its members as patients in a mental hospital. Fortunately the public is becoming more enlightened and is beginning to realise that only a very tiny proportion of mentally sick patients are incurable raving "lunatics." The vast majority are suffering from illness or emotional disturbance which can be improved and even cured by modern methods of treatment. And what is perhaps even more signi-

ficant is the growing evidence of the practicability and effectiveness of prevention, early treatment and after-care within the community itself. The recent Royal Commission has made quite clear its belief that it should be the duty of local authorities, guided by their Medical Officers of Health, to provide these community services. The mental hospitals will still be required of course for those patients in need of specialised care or treatment at certain stages of illness, but the emphasis in future will be on the gradual rehabilitation of the patient in a normal environment. The development of "half-way" houses or residential local authority hostels will be necessary to facilitate the transfer from institutional to independent existence.

The foundations of good health, mental as well as physical, are laid in infancy and childhood. This has long been recognised in the School Health and Maternity and Child Welfare Services and, without waiting for new legislation, a gradually increasing amount of professional time and energy is being spent in the ascertainment, investigation, treatment and care of handicapped, maladjusted or subnormal children, many of whom, if neglected or ignored, would develop into either chronic institutional cases or adult "misfits." Not all these children require to be dealt with in Child Guidance clinics, special schools or hospitals. Many can be adequately treated and supervised by the experienced staff at the school and infant clinics with the co-operation of parents and general practitioners. Similarly, a large proportion of educationally sub-normal pupils could be catered for satisfactorily in ordinary schools. Unfortunately, facilities for the special educational treatment of these children in ordinary schools are in general woefully inadequate. One result of this gap in the Education Services is that many of these children become discouraged, frustrated and maladjusted. Jealous of the accom-

plishments of their classmates, they attempt to boost their deflated ego by spectacular, aggressive or frankly delinquent behaviour. These anti-social tendencies may be continued into adolescence and adult life with consequences only too well known to the public. No new legislation is required to deal with this particular aspect of mental health: implementation of our fourteen-year-old Education Act is the obvious answer !

The care and supervision of children whose intellectual handicap is too severe for education at either an ordinary or special school is a County Council Health Department responsibility under the Mental Deficiency Acts. Here too we see a steady build-up of community services, e.g. advice and supervision by the Mental Health Social Worker, facilities for social and occupational training at home or in centres, etc. The opening of the Ossett Occupation Centre in September, 1957, represented a local milestone in the progress of this work. It is the first County Council centre of its kind to be established in this divisional area and draws its pupils from all four sanitary districts within the division.

The operation of the somewhat complex local authority and other health services described in the paragraphs above can only be efficient if there is close co-ordination at professional level between the several authorities concerned. It is particularly desirable that public health staff should work in concert with general practitioners. The practice of preventive and social medicine should never be completely divorced from general medical practice. No effort has been spared by me to ensure a high degree of co-operation. Two specially convened meetings have so far been held in the Morley Central Clinic to enable general practitioners and public health doctors to discuss common problems. All concerned regarded the meetings as a welcome and extremely useful innovation.

Co-ordination at executive level between the district council and County Council is equally vital and is facilitated by the nature of my joint appointment. It is becoming increasingly necessary too to ensure adequate liaison between the many statutory and voluntary agencies dealing with problem families. For this purpose a divisional co-ordinating committee was established in 1957 under my chairmanship, on the lines recommended in the 1950 joint circular of the Home Office and Ministries of Health and Education. Among the permanent members of this committee are the Divisional Education Officer, Divisional Welfare Officer, Area Children's Officer, Probation Officers, N.S.P.C.C. Inspectors, National Assistance Board personnel, Public Health Inspectors, Housing Department Officers, Police Inspectors, Mental Health Social Worker and others. The committee's work has virtually eliminated overlapping and duplication of visiting, has ensured reasonable uniformity of approach and has encouraged frequent consultation between officials. It is generally agreed that the case conferences, whether held at or between the formal committee meetings, have led to an improved relationship between the many departments concerned as well as to a better understanding by all of the many-sided problem of child neglect.

The new fields of endeavour described above do not of course mean that the M.O.H. is no longer concerned with his traditional role in the control of infectious disease and the promotion of environmental hygiene. The outbreak of Asian Influenza in September, 1957, was indeed a vigorous reminder that epidemics can still occur. The disease spread rapidly throughout the district affecting all age groups, but the attack rate appeared to be particularly high in secondary school children. At one stage the attendance at the local secondary schools was reduced to less than one half of normal. Clinically the disease did not in general take on a severe form, complications tend-

ing to occur chiefly in those patients already affected by respiratory or cardiac conditions. In spite of the high incidence only three deaths were attributed to influenza in the Borough of Morley. The outbreak proved a heavy strain on general practitioners and home nurses, who rose to the occasion with magnificent devotion to duty. The Ministry of Health provided an influenza vaccine for the protection of medical, nursing and ambulance personnel but supplies proved to be inadequate in volume and retarded in delivery; just another instance of "too little too late."

The poliomyelitis vaccination programme suffered from a similar affliction in 1957 with the result that at the end of the year only 10% of the child population had received protection. The position was subsequently eased by the importation of U.S. and Canadian Salk vaccine.

The number of children immunised against diphtheria in 1957 also failed to reach a satisfactory level, following a trend which has been in evidence for two or three years. In the continued absence of this disease locally it is difficult to convince the present generation of mothers that a danger really exists. Diphtheria has however never been completely eradicated from this country and any relaxation of our defences may have serious results. Intensification of propaganda has been clearly indicated and, towards the end of 1957, the Health Visitors in this divisional area were asked to redouble their efforts in this direction. Arrangements were also put in hand for an individual 'follow-up' of all infants who had not been immunised in their first year. These measures are already producing results, and a more satisfactory position should be apparent in my next annual report.

As evidence of the continued interest of the M.O.H. in environmental hygiene I should have been pleased to report the establishment of a "smoke control area" in Morley, so implementing the provisions of the Clean Air Act, but only the first exploratory steps were taken in this direction during 1957. I have no doubt that the problem of miners' concessionary coal is one of the causes of the hesitant attitude of some local authorities in the West Riding. One appreciates the difficulties but it is nevertheless hoped that the miners' unions and the N.C.B. will together expedite a solution. Urgent public health reforms, already sanctioned by law and approved by the major political parties, cannot be indefinitely postponed. In the meantime the Morley Health Committee has made an important and constructive move towards the elimination of industrial smoke by the setting-up in 1957 of a local Smoke Abatement Advisory Committee. Membership of this committee covers all the interested parties, viz. the public (through its elected representatives), the industrial consumers of fuel, the employees handling fuel, the fuel industry itself, and, of course, the Morley Health Department. Joint consultation on serious practical problems has been facilitated and advice has been given to those individual firms who have experienced difficulty in conforming with the standards and requirements of the Clean Air Act. This in no way replaces or infringes the statutory powers of the local authority itself since the Health Committee receives reports of the deliberations of the Advisory Committee and is at all times free to take statutory action if required. But the emphasis is on voluntary co-operation and, to date, the results have been most encouraging, thanks in no small measure to the enthusiasm of the Chairman (Councillor Attack) and the energetic activity of the Chief Public Health Inspector.

This summary of the work of the Public Health Department in 1957 is not fully comprehensive, but Mr. Sugden's

report (especially in relation to slum clearance) and the statistical data in the other sections of the Report will, it is hoped, fill the gap.

May I in conclusion thank the Chairman and Members of the Health Committee for their interest and assistance and record my appreciation of the loyal work of the Department.

I am,

Yours sincerely,

JOSEPH LYONS,

Medical Officer of Health.

SECTION I.

VITAL STATISTICS**Statistics.**

Area	9,529 acres
Population—Census 1951	39,783
Registrar General's estimate of Resident Population mid-1957	39,630
Number of dwelling houses	14,393
Rateable Value	£308,008
Product of a penny rate	£1180 6s. 11d.

Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population 15.9
Legitimate	601	318	283	
Illegitimate	28	13	15	
Still-Births:				Rate per 1,000 (live and still-births)
Legitimate	10	8	2	18.7
Illegitimate	2	1	1	
Deaths	492	253	239	Death-rate per 1,000 of the estimated resident population 12.4

Maternal Mortality.

There were no maternal deaths.

Infantile Mortality.

21 infants under the age of twelve months died during 1957, giving an infantile mortality rate of 33.4 per 1,000 births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Pneumonia	—	—	—	—	2
Prematurity	8	—	—	—	—
Atelectasis	3	—	—	—	—
Meningocele	1	1	—	—	—
Hepatic Failure	—	—	—	—	1
Meningitis	—	—	—	—	1
Congenital Heart	1	—	—	—	1
Spinal Tumour	—	—	—	—	1
Asphyxia	—	—	—	—	1

CAUSES OF DEATH—MORLEY M.B.

Cause of Death	1955			1956			1957		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	—	—	—	3	—	3	4	1	5
2. Other forms of Tuberculosis	2	—	2	1	1	2	1	—	1
3. Syphilitic Diseases	—	—	—	2	—	2	—	—	—
4. Diphtheria	—	—	—	—	—	—	1	—	1
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	—	—	—	—	2	2	—	—	—
10. Malignant Neoplasm—Stomach	3	7	10	5	7	12	8	8	16
11. Malignant Neoplasm—lung and bronchus	11	2	13	10	5	15	13	—	13
12. Malignant Neoplasm—Breast	—	3	3	—	9	9	—	11	11
13. Malignant Neoplasm: Uterus	—	5	5	—	1	1	—	3	3
14. Other Malignant and Lymphatic Neoplasms	24	21	45	23	24	47	24	12	36
15. Leukaemia and aleukaemia ..	—	2	2	—	—	—	—	2	2
16. Diabetes	1	4	5	1	2	3	—	2	2
17. Vascular lesions of nervous system	28	48	76	44	50	94	34	47	81
18. Coronary disease: Angina ..	45	33	78	69	38	107	67	38	105
19. Hypertension with heart disease	7	7	14	5	4	9	6	3	9
20. Other Heart Disease	27	31	58	16	46	62	23	45	68
21. Other Circulatory Disease...	14	14	28	5	11	16	14	8	22

Cause of Death	1955			1956			1957		
	M	F	Total	M	F	Total	M	F	Total
22. Influenza	—	—	—	1	2	3	1	2	3
23. Pneumonia	5	6	11	3	8	11	10	7	17
24. Bronchitis	18	7	25	21	7	28	11	7	18
25. Other diseases of respiratory system	2	—	2	—	—	—	—	2	2
26. Ulcer of stomach and duodenum	5	2	7	—	—	—	2	—	2
27. Gastritis, Enteritis and diarrhoea	1	—	1	1	1	2	1	—	1
28. Nephritis and nephrosis ...	2	4	6	2	1	3	2	4	6
29. Hyperplasia of prostate ...	—	—	—	4	—	4	1	—	1
30. Pregnancy, childbirth and abortion	—	—	—	—	—	—	—	—	1
31. Congenital malformations ...	—	1	1	1	—	1	4	3	7
32. Other defined and ill- defined diseases	15	16	31	17	24	41	14	25	39
33. Motor vehicle accidents ...	3	3	6	4	—	4	2	1	3
34. All other accidents	2	4	6	4	3	7	5	7	12
35. Suicide	1	—	1	5	3	—	5	1	6
36. Homicide & operations of war	—	1	1	—	—	—	—	—	—
Total all Causes	216	221	437	247	249	496	253	239	492

**PRINCIPAL VITAL STATISTICS for the YEAR 1957, based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.**

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wake- field R.D.	Aggregate West Riding Urban Dis.	West Riding Admin. County	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population) .	15.9	17.2	13.7	17.5	16.1	16.6	16.1
Death Rates (all per 1000 estimated home popula- tion). All causes	12.4	11.9	12.3	9.8	12.4	11.7	11.5
Infective & Parasitic Diseases	0.03	—	0.24	0.05	0.07	0.07	*
Tuberculosis of respiratory system	0.13	—	—	0.15	0.08	0.08	0.09
Other forms of tuberculosis	0.02	—	—	0.00	0.01	0.01	0.01
Cancer	2.04	1.59	3.15	1.46	1.99	1.87	2.09
Vascular Lesions of ner- vous system	2.04	2.90	2.06	1.41	2.15	1.95	*
Heart and Circulatory Diseases	5.15	4.21	4.84	3.47	4.61	4.30	*
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	1.01	2.00	0.97	1.41	1.46	1.37	*
Infant Mortality (deaths of infants under one year per 1,000 live births)	33.4	16.1	—	34.5	25.4	26.4	23.0
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	—	—	—	—	0.41	0.51	0.47

* Figures not available.

VITAL STATISTICS OVER THE TEN YEARS 1948—1957.

Year	Birth Rate	Death Rate	Infant-ile Mortal-ity Rate	Maternal Mortal-ity Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of			No. of Deaths	
						Pul-monary	Non-Pul-monary	Scarlet Fever	Diph-theria	Polio-myelitis	T.B. All forms	Can-cer of lung and bronchus
1948	19.9	11.8	44.3	0.00	1.64	0.25	0.07	123	3	0	13	*
1949	17.2	13.0	38.0	0.00	1.73	0.33	0.03	57	0	3	14	*
1950	15.9	13.2	26.4	1.51	1.82	0.15	0.02	74	0	3	7	12
1951	13.91	15.26	43.6	0.00	2.07	0.15	0.025	58	0	3	7	16
1952	13.4	14.06	20.1	1.64	1.76	0.10	0.00	40	0	2	4	8
1953	15.3	12.4	31.5	1.61	2.30	0.18	0.00	88	0	2	7	11
1954	14.5	12.2	24.3	0.00	2.02	0.08	0.02	53	0	1	4	13
1955	13.8	11.6	20.8	0.00	1.97	0.03	0.03	18	0	5	2	13
1956	15.8	12.6	14.4	0.00	2.13	0.08	0.05	43	0	0	5	15
1957	15.9	12.4	33.4	0.00	2.04	0.13	0.02	47	0	1	6	13

* Figures not available.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES.

A. HOSPITALS.

General Hospital accommodation, a responsibility of the Hospital Board, is well provided in so far as Morley is concerned.

In particular, there are available the General and Special Hospitals at Leeds, at Dewsbury and at Wakefield, and so far as cases of emergency and cases of acute sickness are concerned, the present position is satisfactory.

The position, in so far as it affects the chronic sick and also the elderly chronic sick and infirm is still far from satisfactory, both as regards the number of beds available (relative to demands on them) and also as regard nursing staff. The position has been improved so far as certain priorities are concerned, by the appointment of one Health Visitor within the Division to liaison duties with the Hospitals accepting chronic and elderly sick persons from this Area.

Isolation Hospitals.

Since 1948, Isolation Hospital provision and administration has ceased to be a duty of Local Sanitary Authorities and it is now the responsibility of the Hospital Board.

Consequently, any schemes now adopted for the provision and use of isolation hospital beds is related to larger areas than previously, and also, the prevailing reduced demands on isolation hospital beds has been a factor in the preparation of schemes.

As previously reported, there is no Isolation Hospital now in Morley and, in general, cases of infectious sickness occurring in Morley are admitted to Snapethorpe Hospital, Wakefield.

Special cases may be admitted to Seacroft Isolation Hospital, Leeds, and this refers in particular to any cases of Acute Poliomyelitis which may occur. Such cases are later transferred to a Special Orthopaedic Department at Pinderfields Hospital, Wakefield, for further treatment or any orthopaedic residual disability.

Maternity Hospitals and Maternity Homes.

The provision has again been sufficient for the needs of the area and it is shown that the majority of maternity cases were accepted for institutional care for confinement.

Accommodation is available in Morley Hall Maternity Home and in the Maternity Department of the General Hospital at Staincliffe, but many patients were admitted to other institutions, in particular to the Leeds Maternity Hospital and to the Maternity Hospitals at Dewsbury and Batley. Priority for admission is given on both medical and social grounds as well as to mothers having their first baby.

B. AMBULANCE SERVICE.

The Ambulance Service for Morley is provided by the West Riding County Council as part of the general provision for the Administrative County. There is a local depot in Morley where ambulances are stationed and there is a Control Centre at Dudley Hill. Ambulances are available on responsible request for all cases of urgency and emergency and for all other necessary transport of patients.

The ambulance service has been sufficiently provided for the needs of the area during 1957 and this service has been efficient in its general operation.

C. LABORATORY FACILITIES.

The Public Health Laboratory which serves the Administrative Area is the Laboratory of the Medical Research Council of the Ministry of Health at Wood Street, Wakefield. All specimens for general examination, submitted by the Medical Staff of the Department, by medical practitioners, by Health Authorities and others, may be submitted to this Laboratory. The examinations which are carried out in the Laboratory are chemical, biological and bacteriological.

During the year 1957 full advantage has been taken of the service provided and again we wish to acknowledge the personal interest of the Director of the Laboratory and the helpful advice he has given on so many occasions.

SECTION III.

INFECTIOUS DISEASES.

Summary of Notifications received during 1957:—

Disease	Total Case notified (corrected)
Scarlet Fever	47
Whooping Cough	17
Acute Poliomyelitis	1
Measles	733
Diphtheria	—
Dysentery	—
Meningococcal Infection	—
Acute Pneumonia	2
Smallpox	—
Acute Encephalitis	—
Enteric or Typhoid Fever	—
Paratyphoid Fever	—
Erysipelas	1
Food Poisoning	3
Puerperal Pyrexia	—
Ophthalmia Neonatorum	—
Pulmonary Tuberculosis	9
Other Forms of Tuberculosis	2
Malaria (Tropical)	—
Anthrax	—

Tuberculosis Services.

A clinic is held weekly on Thursdays at Wellington House, High Street, Morley, and cases requiring X-ray examination are referred to the Chest Clinic at Dewsbury General Hospital. Regular home supervision is carried out by the Tuberculosis Health Visitor. Free milk, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Morley in 1957:—

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January, 1957	84	49	133	15	23	38	171
No. first notified during 1957 ...	5	4	9	—	2	2	11
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in register otherwise than by notification	3	1	4	—	2	2	6
No. removed from register during 1957:—							
(a) died	3	1	4	—	—	—	4
(b) removed from district	2	1	3	—	—	—	3
(c) recovered ...	—	2	2	1	—	1	3
No. remaining on register at 31st December, 1957	87	50	137	41	27	41	178

The number of new cases and the number of deaths notified during 1957 are given in detail in the following table:

Age Period	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0- 5	1	—	—	—	—	—	—	—
6-14	—	2	—	—	—	—	—	—
15-24	1	—	—	—	—	—	—	—
25-44	1	1	—	1	1	—	—	—
45-64	2	1	—	—	1	1	—	—
65 and over	—	—	—	1	1	—	—	—
Totals	5	4	—	2	3	1	—	—

SECTION IV.

W.R.C.C. PREVENTIVE HEALTH SERVICES.**A. CLINICS AND TREATMENT CENTRES.****Infant Welfare.**

Morley Multiple Clinic, Corporation Street, Morley — Monday, 2-0 to 4-0 p.m.; Wednesday, 2-0 to 4-0 p.m.

The Methodist Schoolroom, The Falls, East Ardsley—*Tuesday, 2-0 to 4-0 p.m.

No. 1, Syke Lane, West Ardsley—*Thursday, 2-0 to 4-0 p.m.

The Wesleyan Methodist Schoolroom, Drighlington — *Friday, 2-0 to 4-0 p.m.

The Council Offices, Gildersome—*Wednesday, 2-0 to 4-0 p.m.

The Old Town Hall, Churwell—Wednesday, 10-30 to 11-30 a.m. (Sale of Welfare Foods only).

* Combined with a School Clinic Session.

Ante-Natal and Post-Natal.

For patients booked at Morley Hall Maternity Home:—

Morley Hall Maternity Home (Hospital Board)—Thursday, 2-0 to 6-0 p.m. (Combined ante-natal and post-natal clinic).

For patients booking at other Lying-in Institutions, or remaining at home for confinement:—

New Multiple Clinic premises, Corporation Street, Morley—*Friday, 2-0 to 4-0 p.m.; Relaxation Clinic, Friday, 1-30 to 2-30 p.m.

No. 1, Syke Lane, West Ardsley—*1st and 3rd Thursday in each month, 1-30 to 2-0 p.m.; Relaxation Clinic, Monday, 1-30 to 2-30 p.m.

Methodist Schoolroom, The Falls, East Ardsley—2nd and 4th Tuesday in each month, 9-45 to 10-15 a.m.

Gildersome Council Offices—Relaxation Clinic, 1st and 3rd Thursday in each month, 3-0 to 4-0 p.m.

* Combined ante-natal and post-natal clinic.

School Clinics (See also under Section H).

Morley Multiple Clinic, Corporation Street, Morley:

* (a) Minor Ailments—Monday to Friday inclusive, 9-30 a.m. to 5-0 p.m.

(b) Dental—Monday to Friday inclusive by appointment.

(c) Ophthalmic—As required by arrangement.

(d) Paediatric—As required by arrangement.

(e) Artificial Sunlight—Tuesday and Thursday, 1-45 to 4-0 p.m.

(f) Speech Therapy—Monday, 2-0 to 4-30 p.m.; Friday, 9-30 a.m. to 12 noon; 2-0 to 4-30 p.m.

Drighlington, Methodist Schoolroom, King Street—Minor Ailments, Tuesday, 1-30 to 2-30 p.m.

West Ardsley, 1, Syke Lane—Minor Ailments, Tuesday, 1-30 to 2-30 p.m.

East Ardsley, Methodist Schoolroom, the Falls—Minor Ailments, Friday, 1-30 to 2-30 p.m.

*Medical Officer in attendance Tuesday and Friday mornings only.

Smallpox Vaccination, Diptheria Immunisation, Whooping Cough Immunisation.

All Infant Welfare Centres—As required by arrangement.

B.C.G. Vaccination against Tuberculosis

(by arrangement with Divisional Health Office).

Poliomyelitis Vaccination

(by arrangement with Divisional Health Office).

B. CARE OF MOTHERS AND YOUNG CHILDREN.

Ante Natal Services

Clinic	Total No. of women who attended	Total Attendances
Multiple Clinic, Corporation Street, Morley	108	298
*1, Syke Lane, West Ardsley...	5	14
*Methodist Schoolroom, The Falls, East Ardsley	2	6
Total	115	318

*Combined sessions with Infant Welfare Clinics.

50 attendances were made at the Relaxation Classes.

Child Welfare Clinics.

Clinic	Sessions per month	No. of children who attended		Attendances made by children		Average attendance per session
		Under 1 year of age	2-5 years of age	Under 1 year of age	2-5 years of age	
Multiple Clinic Corporation Street, Morley Council Offices	8	216	108	2934	423	35
Gildersome ..	4	41	50	726	136	18
1, Syke Lane, West Ardsley	4	66	71	935	173	23
Methodist Schoolroom, The Falls, East Ardsley .	4	48	62	721	294	21
Methodist Schoolroom, King Street, Drighlington .	4	18	35	422	143	12
Total	24	389	326	5738	1169	24

Home Visiting by Health Visitors.

No. of Ante-natal Visits:—	
First Visits	31
Subsequent Visits	7
No. of Visits to Children under 1 year:—	
First Visits	625
Subsequent Visits	3172
No. of Visits to Children 1-5 years	3665
Special Visits	3833
Total Home Visits	11333

The Care of Premature Infants.

Special equipment and nursing staff is available for use in the home in cases requiring them.

Weight at Birth	No. of Premature Babies		No. Dying	No. Surviving 28 days
	Born Alive	Born Dead		
Under 2½ lbs.	4	1	3	1
2½-3 lbs.	—	—	—	—
3 -3½ lbs.	5	—	2	3
3½-4 lbs.	6	—	3	3
4 -4½ lbs.	9	—	—	9
4½-5 lbs.	10	—	—	10
5 -5½ lbs.	18	1	—	18
Total	52	2	8	44

The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grandparents.

Special advice about legal adoption is given if this is desired.

These cases are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Clinic regularly.

Provision of Welfare Foods, etc.

Most proprietary brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

In addition, the distribution of cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, is carried out at the Child Welfare Clinics.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

C. PROFESSIONAL NURSING IN THE HOME.

Home Nursing.

The County Council are responsible for the Home Nursing Service in Morley, the eight whole-time nurses being resident in their own homes.

Cases attended	No. of individual patients	Total number of visits made
Medical Conditions	714	18,387
Surgical Conditions	175	3,662
Tuberculosis	11	212
Maternity	1	6
Total	901	22,267

Midwifery.

Four whole-time midwives (resident in their own homes) were employed by the County Council to serve the Borough of Morley during 1957.

The following table shows the number of Morley women confined in hospital, private nursing homes, or delivered by midwives and private practitioners in Morley or elsewhere so far as has been ascertained:—

	No.	%
No. delivered in hospital	495	77.35 %
No. delivered in private nursing homes	1	0.15 %
No. delivered by midwives	141	21.87 %
No. delivered by doctors (including the difficult cases met with by midwives in their practise where a doctor had to be sent for to effect delivery) ...	4	0.63 %
Total (including stillbirths) so far as has been ascertained	641	100.00 %

During 1957 the practising midwives summoned medical assistance to 33 mothers and 6 infants. Medical aid was sent for on account of the following conditions:—

Mothers		Infants	
Cause	No.	Cause	No.
Toxaemia	6	Prematurity	1
Premature Labour	1	Congenital	
Ruptured Perineum	10	Malformations	2
Prolonged Labour	6	Other Conditions	3
Abnormal Presentation ...	2		
Retained Placenta	1		
Pyrexia	1		
Haemorrhage	4		
Other Conditions	2		
	33		6

Emergency Obstetric Unit.

The "flying Squad" attached to Staincliffe General Hospital, Dewsbury, is available for obstetric emergency occurring within the Borough.

Analgesia.

All midwives are trained in the administration of gas and air analgesia and provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. 101 women received gas and air analgesia during 1957.

D. HEALTH VISITING.

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

E. HOME HELPS.

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

During 1957, 331 cases were attended by Home Helps, as compared with 326 in the previous year, and the total number of hours worked was 39,978.

Of the 331 cases attended in 1957, Home Helps were provided for the following reasons:—

	Cases	Hours
Maternity	13	1030
Tuberculosis	2	299
Aged and Chronic Sick	301	36894
Others	15	1755
	<hr/> 331	<hr/> 39978

F. CARE AND AFTER CARE.

Special provisions are in operation for the care and after-care of patients suffering from tuberculosis, mental illness or defect, venereal disease and other illnesses.

G. MENTAL HEALTH.

Morley has the part-time services of a Mental Health Social Worker, who is largely concerned with the care of mentally defective patients under Statutory Supervision and guardianship, and those patients who, having been discharged from Detention Order in Institution, have elected to receive voluntary supervision at home. She also undertakes pre-care and after care of patients suffering from mental illness.

The Mental Health Social Worker carries out her duties in close liaison with the Mental Hospitals, and Mental Deficiency Institutions, and with those statutory and voluntary bodies concerned with social welfare generally.

Every effort is made to rehabilitate the higher-grade defective and to secure suitable employment for them in local industry.

**Summary of Cases at present under Supervision under the
Mental Deficiency Acts.**

	Under 16 years Male	Female	Over 16 years Male	Female	Total
Under Statutory Supervision	9	12	16	28	65
Under Guardianship ...	—	—	1	1	2
Under Voluntary Supervision	—	—	9	3	12
Total...	9	12	26	32	79
Attending Occupation Centre	8	10	—	1	19
Attending Industry Centre	—	—	—	—	—
Parents refused training	—	1	—	—	1
Receiving Home Training in Groups from Home Teacher	—	—	—	3	3
Receiving Home Training individually from Home Teacher	—	—	—	6	6
Employed full time :					
Statutory Supervision	1	—	12	11	24
Guardianship	—	—	—	1	1
Voluntary Supervision	—	—	8	—	8
Occupied with Household Duties:					
Statutory Supervision	—	—	—	3	3
Guardianship	—	—	—	—	—
Voluntary Supervision	—	—	1	3	4
Too handicapped to undertake any form of training:					
Statutory Supervision	—	1	4	4	7
Guardianship	—	—	1	—	1
Voluntary Supervision	—	—	—	—	—
Total...	9	12	26	32	79
Married defectives under Supervision ...	—	—	1	4	5
Cases in Institution (approx. only)	—	—	21	25	46
Awaiting Admission ...	—	—	—	—	—

After-care of Mental Patients.

	Male	Female	Total
Number receiving after-care following discharge from Mental Hospitals ...	3	1	4

H. SCHOOL HEALTH SERVICE.

Number of school departments in district	29
end of 1957	7000
Number of children examined at school during 1957 ...	3084
(This figure being made up as follows) —	

Entrants	362
7-8 years group	484
Last Year Primary	829
Leavers	569
Re-examinations	696
Specials	144

Physical Condition of Pupils Examined

	Satisfactory	Unsatisfactory
Entrants	362	—
7-8 years group	484	—
Last Year Primary	829	—
Leavers	565	4
No. of defects found to require treatment		343
No. of defects found requiring to be kept under observation		921

Cleanliness Inspections.

The Health Visitor attends every school department at frequent intervals throughout the year to examine the children for uncleanly and verminous conditions. Where such conditions exist, parents are informed and are instructed in the application of an effective remedy. Warnings are issued in cases of non-compliance and statutory action taken where there is persistent default.

No. of examinations carried out during the year	12661
No. of individual cases of uncleanliness found	289
Percentage of infestation	4.15%
No. of children excluded from school	142
No. of cleansing notices issued	38
No. of cleansing orders issued	11
No. of children cleansed by nursing staff	8

Paediatric Clinic.

Sessions held	Individual children attending	Total attendances
7	22	29

Ophthalmic Clinics.

Sessions held.	No. of refractions.	Prescribed spectacles.
31	326	154

Ultra-Violet Light Clinic.

931 attendances were made at the U.V.L. Clinic during the year.

Orthopædic Clinic.

Three children made 3 attendances during the year. These children attended the clinic held at the Pinderfields Hospital, Wakefield.

Dental Clinic.**Dental Inspection and Treatment.**

No. of children inspected	2121
No. of children offered treatment	2121
No. of children treated	2100
No. of attendances	5423

Number of Extractions.

Temporary Teeth	3259
Permanent Teeth	1190

Number of Fillings

Temporary Teeth	201
Permanent Teeth	1364

Number of Other Operations.

Temporary	4
Permanent	1702

Number of General Anaesthetics	1590
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I. Immunisation and Vaccination.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against small-pox may be done either at the clinics or by the family doctor.

Diphtheria Immunisation.

Number of children in Morley who completed a full course of Diphtheria Immunisation in 1957:—

Age	Under 1	1-4	5-14
Began and Completed injections, 1957	67	175	97
Total = 339			
Immunised in previous years, re-treated in 1957	—	—	303
Total = 303			

Whooping Cough Immunisation.

The Local Health Authority's Scheme operates in this area and immunisation under the scheme has been carried out as in previous years from 1952.

Restrictions in the scheme are that the treatment is available only to infants and children up to 4 years of age. A further restriction is that combined treatments, e.g. diphtheria and whooping cough are not recognised for purpose of the scheme.

In view of these restrictions, and in view of the fact that many immunisations are carried out by general medical practitioners outside the County Council scheme, the figures which we give are far from complete. They do not indicate the full numbers of children in this area who have received protective inoculations against whooping cough.

Number of children in Morley who completed a full course of whooping cough immunisation during 1957 under the County Council scheme:—

Age at final Injection	Under 6 months	6 months to 1 year	1-2 years	2-3 years	3-4 years	Total
No. immunised	6	101	147	9	4	267

During the year there were 17 notified cases of whooping cough. None of the children concerned had completed a full course of immunisation.

Vaccination against Poliomyelitis.

Sufficient vaccine was received during the year to immunise 610 children resident within the Borough.

Vaccination against Smallpox.

During the year 158 people were vaccinated against smallpox, 119 of whom were under one year of age.

Additionally 39 people were re-vaccinated.

B.C.G. Vaccination against Tuberculosis.

In 1953 the County Council put into operation a scheme to provide protective vaccination against tuberculosis for a selected group of schoolchildren.

This scheme was approved by the Ministry of Health. The immunising vaccine to be used was B.C.G. and the selected age-group was that of children in their fourteenth year. This group was chosen for certain approved reasons, one being the further year in school during which observation and supervision could be kept over the child, and also the desirability of affording protection to adolescents in the early years of their employment in industry and elsewhere. This scheme was put into operation in Morley late in 1954.

B.C.G. Vaccination was offered to all children in this age-group in the period under review, acceptance being voluntary.

The following table is a summary of the work carried out in the year:—

School	No. of children offered B.C.G. Vaccination	No. of children whose parents consented	No. of children Mantoux Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Victoria County Secondary	113	62	62	11	51	51
East Ardsley County Secondary	40	14	13	3	10	10
Margetson County Secondary	45	28	28	2	23	23
Elmfield County Secondary	133	52	50	8	42	42
Morley Grammar School	98	88	81	13	68	68
Totals ...	428	216	234	37	194	194

B.C.G. Vaccination is also available (at the Local Chest Clinic) for the protection of ascertained contacts of cases of tuberculosis.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR.

To the Chairman and Members of the
Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the following report upon the sanitary circumstances of the area and the work of the Public Health Inspectors for the year 1957. The notes and statistical tables set out in detail the work done under the various headings, but I would in addition provide the following information and observations for your consideration.

General Sanitary Circumstances of the Area.

Taken generally these may be regarded as quite satisfactory. A supply of pure water is available to all but two of the houses in the district. There are still a number of houses not connected to the local authority's sewers and in some of these cases privy middens are still in use. All these houses are situated in isolated parts of the area and the extension of sewers to serve these separate houses, or blocks of houses would prove most uneconomic. Steps are taken to persuade owners of such properties to provide cesspools or septic tank systems to allow of the conversion of the privy middens to water closets and financial assistance is given by the Corporation to owners carrying out this work.

Refuse Collection and Disposal.

The arrangements for the collection and disposal of domestic refuse have continued on the same lines as in previous years. The average interval between collections is about $9\frac{1}{2}$ days and it would be a very distinct improvement if this period could be reduced to seven days so that bins could be emptied from each set of premises on the same day every week throughout the year. To achieve this it would be necessary either to increase the staff or obtain an improved performance by the refuse collectors by the payment of some form of incentive bonus.

Difficulty in maintaining the existing refuse collection schedules continues to be experienced as a result of staff absences for sickness. Not surprisingly with outdoor workers sickness is at its greatest during the winter months and it is just at this time when the weight of refuse to be collected is heaviest.

Refuse disposal has continued to be carried out by means of controlled tipping but both sites in use during 1957 were rapidly approaching completion. Steps were taken to find other sites and if negotiations for the acquisition of the sites which have been recommended can be satisfactorily concluded the tipping problem should be solved for several years to come.

The purchase of a tractor with bulldozer blade and shovel for use on the tips has enabled a much more workman-like job to be carried out and the advantages which have accrued from the purchase have already become apparent.

Reference should be made to the retirement of Mr. Albert Prince from his position as Cleansing Officer after more than 30 years service. By his loyal and conscientious service Mr. Prince did much to maintain an efficient refuse collection service through some of the most difficult years that the Department has experienced. It was tragic that his successor Mr. T. S. Slater who gave such promise of ably fulfilling the task should have been so soon taken away from us by his untimely death.

Atmospheric Pollution.

For the first time since gauges were installed in Morley in 1951 there has been a substantial reduction in the amount of deposit shown by the soot deposit gauge. Whether this represents a permanent improvement only time can tell.

One thing is certain. The coming into operation of the Clean Air Act provides the local authority with the powers to deal more adequately with this great social evil. The steps which have been taken so far in the setting up of the Smoke Abatement Advisory Committee and the institution of the detailed survey of the area provide a framework within which a vast amount of really good work can be done. But success can only be achieved so long as there is a continuing determination to tackle this problem vigorously. As far as industrial smoke is concerned the Council has got off to a flying start and there should be no relaxation of effort.

The problem of domestic smoke is in many more ways more difficult to deal with. The industrialist looks at his problem objectively and is prepared to be convinced that black smoke can mean financial loss. The householder usually objects to everybody's smoke but his own and we have a long way to go before we can hope to persuade large numbers of persons voluntarily to start using smokeless fuels as the means of heating their homes. Probably this could only effectively be done by drastically changing the comparative prices of the various types of fuel. There seems to be little chance of this taking place in the foreseeable future.

The only alternative method left to control domestic smoke is the setting up of Smoke Control Areas which must inevitably involve some degree of compulsion. Nobody really likes compulsory measures but we have to remember that all sanitary reforms had to begin by being enforced against some people's wishes. Privy conversion schemes when first introduced were not welcomed by either tenants or owners. In the early days of slum clearance many tenants were implacably opposed to leaving their old houses for new dwellings and right up to 1939 in Morley compulsion had often to be applied to make tenants of overcrowded dwellings accept the larger houses offered to them. If our predecessors had waited until there was a public demand for action much of the progress which has occurred would never have taken place. To their great credit they conceived it to be their duty to endeavour to lead public opinion not to follow it. Atmospheric pollution is one of the great social evils still remaining and if it is to be overcome it will require the same courage and vision as was shown by those who went before us.

Housing.

The major effort in the field of housing has been shared between slum clearance and the implementation of the Rent Act.

The size of the slum clearance programme is such as to appear to be almost overwhelming but the Council has every reason to feel proud of the creditable start which has been made in this work. When proposals had to be made to the Ministry of Housing and Local Government in 1955 the Council suggested that 500 houses might be dealt with in the first five years, but at the time this is being written, when almost

exactly three of the five years have gone the Council has already put forward 640 houses for demolition. If the present rate of progress can be maintained, by the end of the first five years we should have made appreciable inroads into the clearance programme.

The preparation of Clearance Orders imposes a considerable burden of inspectional and administrative work upon the Department but already the progress which has been made is beginning to provide compensatory advantages. Many houses which we have been struggling for the past ten years to keep wind and weatherproof have now been demolished and no longer call for the constant attention which they used to require.

The Rent Act, 1957 brought new problems to the Department. Whatever one might think of the merits or demerits of the Act even its most ardent supporters would be hard put to it to deny that its provisions are complicated and its method of operation cumbersome. The first problem was to ensure that those who were affected by it, whether owners or occupiers, should be able to find out exactly what their position was. This was amply dealt with in Morley by the opening of the Information Bureau, at first on selected nights at the Town Hall and later during ordinary office hours in the Town Clerk's and Public Health Inspectors' Offices. The useful purpose which was served was shown by the large number of people who sought and were given information as to their rights and duties under the Act.

There is no doubt that the Rent Act has led to the carrying out of more repairs to some private houses but much more could have been achieved if more tenants had taken advantage of their rights under the Act, and had served Forms 'G' for repairs upon their landlords. From the point of view of the local authority the Act could have been of advantage in obtaining a higher standard of repair for the generality of houses in the town thus maintaining a better stock of housing accommodation. The opportunity has to a great extent been lost by the failure of so many tenants to take action to enforce repairs.

In those cases where landlords and tenants have been unable to agree on questions of repair and the matter has come before the Health Committee in the form of an application for a Certificate of disrepair, many thorny problems have arisen. As these cases have been considered one could not fail to be impressed by the painstaking thoroughness which has been shown by the Committee in its endeavour to judge with scrupulous fairness between both parties.

Inspection of Food and Food Premises.

Close attention has continued to be given throughout the year to the purity and cleanliness of food, the suitability of the premises in which it is prepared and sold and the practices and methods of the persons engaged in handling it. This is one of the aspects of the work of the Health Department which is seldom known or recognised by the public.

Whilst there is nothing spectacular to report a vast amount of routine work was carried out involving more than 2750 inspections and the taking of 416 samples. In accordance with our usual practice a full and detailed inspection has been carried out of the carcase of every animal slaughtered in the Borough.

General.

I am greatly indebted to the Medical Officer of Health for his ever-present help, advice and guidance, and to the District Public Health Inspectors and clerical staff for their loyal support and their readiness to give freely of their leisure time in order that the work of the Department could be carried out efficiently. I should also like to express my appreciation and thanks for the many ways in which the Committee have supported our work during the past year and I trust that our efforts will continue to merit that support.

I am, Your obedient servant,

F. G. SUGDEN,

Chief Public Health Inspector.

SANITARY CIRCUMSTANCES OF THE BOROUGH

WATER SUPPLY

The Corporation owns the Waterworks undertaking of the Borough and supplies water for domestic and industrial purposes. There are only two dwellinghouses in the area which are not supplied with mains water.

The water supplied by the Corporation comes in part from the Corporation's own reservoir at Withens Clough and in part from supplies purchased from Halifax and Bradford Corporations.

The water collected at Withens is upland surface water from the moors. It is water free from pollution, but carrying a sediment of peaty matter and has an acid content.

At Withens the water is given an initial treatment by the addition of lime and alumina ferric. This is followed by pressure filtration, which removes the bulk of the sediment. The water is piped from Withens to Morley, a distance of 20 miles and is there stored in service reservoirs. The additional water from Halifax Corporation is also stored in these reservoirs. A final treatment by chlorination is carried out here.

The supply has been of good quality and adequate throughout the year.

Regular sampling is undertaken by the Water Department and by the Public Health Inspectors. The following details are given of samples taken during 1957:—

	For Bacteriological Examination		For Chemical Examination	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Submitted by Water Department	212	—	52	—
Submitted by Public Health Inspectors ...	98	10	—	—
Total	310	10	52	—

In connection with the 10 unsatisfactory samples of water, discussions took place between the Health and Water Departments as a result of which the chlorine dosage of the water was temporarily increased until the water returned to its usual high quality standard.

The water supplies of the two houses not supplied with mains water were kept under observation during the year. In one case 24 samples were taken and 13 of these showed the presence of *B. coli* in quantities ranging from 1 to 180+ per 100 ml. In the other case samples were uniformly good.

The work of constructing an additional 15 inch main from Withens to Morley has now been completed. A scheme is in course of preparation for the provision of an additional storage reservoir at Drighlington and the improvement of the filters at Withens.

DRAINAGE AND SEWERAGE

During 1957 extensions to sewers were carried out to complete the facilities for the Low Moor Housing Site.

The following districts of the Borough are still unsewered:—

- (a) Gelderd Road.
- (b) Tingley Common.
- (c) Woodhouse Lane, East Ardsley.

SEWAGE DISPOSAL

The main Dewsbury Road Works is inadequate and complaints have continued to be received from the Yorkshire Ouse River Board regarding unsatisfactory effluents.

A scheme for the reconstruction of the Dewsbury Road works is now receiving consideration by the Ministry of Housing and Local Government.

Other Disposal Works have proved satisfactory throughout the year.

CLOSET ACCOMMODATION

No. of water closets	14349
No. of waste water closets	—
No. of privy middens	66
No. of pail or tub closets	8
No. of new water closets in old buildings provided in 1957 (conversion of existing privy middens)	1

The privy middens referred to are in the main at isolated properties on the outer parts of the Borough where there are no sewers available.

PUBLIC CLEANSING

Summarised statistics for the year ended 31st March, 1958 are given below:—

Total weight of refuse collected (estimated) ... 8494 tons
No. of premises from which refuse collected ... 15300

Particulars	Collection Disposal Totals				Percentage of total gross expenditure
REVENUE ACCOUNT					
Gross Expenditure—	£	£	£	£	%
(i) Labour	11605	2360	13965	53	
(ii) Transport	11122	756	11878	46	
(iii) Plant, equipment, land and buildings	85	260	345	1	
(iv) Other items	—	—	—	—	
(v) Total gross expenditure ...	22812	3376	26188	100	
Gross Income	17	1514	1531	—	
Net cost	22795	1862	24657	—	

UNIT COSTS.	s.	d.	s.	d.	s.	d.
Gross cost per ton, labour only	27	4	5	7	32	11
Gross cost per ton, transport only	26	2	1	9	27	11
Net costs (all expenditure), per ton ...	53	8	4	5	58	1
	£	£	£			
Net cost per 1,000 population	575	47	622			
Net cost per 1,000 premises	1490	122	1612			

All refuse collected is tipped. The tip at Gelderd Road continued in use throughout the year. The Westerton Road tip was completed during 1957 and tipping took place on a site off Topcliffe Lane, Morley.

A welcome addition to the equipment of the Department was the provision of a Fordson Tractor with bulldozer blade and shovel. This has considerably increased the efficiency of controlled tipping and the incidence of tip fires which have been so troublesome in recent years has been greatly reduced. After the introduction of this machine it was found possible to reduce the establishment of tip men by one so that apart from the increase in efficiency there will eventually also be a saving of money.

Waste Paper.

The bulk of the salvage income is derived from the sale of waste paper. Collected waste paper is taken to the Central Depot where hand and power baling machines are installed to deal with all waste paper. In addition to the waste paper collected by the refuse collection vehicles, one vehicle is engaged solely on the collection of waste paper from shops and offices.

The total amount of waste paper collected during 1957 was 166 tons. This was about the same as in the previous year and was due to the fact that the Board Mills were unable to accept all the paper collected and enforced a quota arrangement. Income from the sale of waste paper was £1,298.

Tonnages for recent years are set out below:—

1948	.....	263 tons
1949	.....	270 „
1950	.....	161 „
1951	.....	189 „
1952	.....	161 „
1953	.....	170 „
1954	.....	197 „
1955	.....	214 „
1956	.....	169 „
1957	.....	166 „

Scrap Metal.

The sale of scrap metal produced an income of £123 during the year. The figure for 1956 was £40.

The increase in sales was the result of special efforts to salvage and sell the small tins and other lights scrap which is found in the refuse.

General.

The total salvage income for the year was £1,461. Since the inception of the salvage scheme in 1940 a total of £33,463 has been received from the sale of salvaged material.

PUBLIC CONVENIENCES

Public conveniences are provided at the following sites in the Borough:—

Town Hall	Men
Wellington Street	Women
Bridge Street	Men
Fountain Street	Men and Women
Tingley Mills	Men and Women
Bruntcliffe	Men and Women
Scatcherd Park	Men and Women
Chapel Hill	Men and Women
Churwell	Men
Gildersome	Men and Women
Drighlington	Men
Hesketh Lane Recreation Ground.	Men and Women
Westerton Road	Men and Women
East Ardsley Recreation Ground.	Men and Women

The policy adopted by the Health Committee of modernising a block of sanitary conveniences each year has continued to be operated. During 1957 the women's conveniences at the rear of the Town Hall were modernised.

NUISANCES

The following table is a summary of nuisances found and dealt with during 1957:—

Nuisances	Found	Abated
Choked drains and gullies	144	158
Defective drainage	24	35
Defective sink waste pipes	9	10
Defective gutters and downspouts	42	58
Defective plasterwork	35	38
Defective sashcords	7	10
Defective water closets	59	62
Dirty water closets	3	3
Unsatisfactory privy midden	1	1
Defective & overflowing cesspools	7	8
Defects of water supply	7	12
Flooding	2	1
House dilapidations	94	81
Dampness in dwellings	33	35
Rain penetration of dwellings	63	80
Reflux of smoke	12	13
Worn sinks	2	2
Lack of cooking facilities	2	7
Lack of washing facilities	—	1
Lack of ventilation	4	—
Dangerous walls	2	1
Defective paving	3	5
Insufficient refuse accommodation	215	180
Offensive accumulation	3	7
Offensive smell	8	5
Fouling of pavement	1	—
Obstruction of light	1	—
Lack of artificial light	3	3
Pollution of pond	1	1
Excessive smoke emission	1	5
Keeping of animals	2	1
Dangerous air raid shelter	1	—
	791	823

Total number of visits made in connection with the	
above nuisances	2859
Statutory notices served	118
Informal notices served	673

659 Informal Notices and 164 Statutory Notices were complied with.

The number of nuisances found and abated during the year has been the lowest recorded for any year since the end of the war. This was, no doubt, due to the introduction of the Rent Act, 1957, which has provided machinery by which the tenant can enforce repairs to his house by direct negotiation with his landlord. During the second half of the year hundreds of Form 'G' listing repairs required were sent in by tenants and in the majority of cases landlords gave undertakings to carry out these repairs. Under these circumstances it was only to be expected that the complaints of housing defects made to the Department would be lessened.

Figures for the past five years were:—

1957	.....	791
1956	.....	1047
1955	.....	1095
1954	.....	981
1953	.....	922

SHOPS ACT, 1950

38 inspections were made of premises under the provisions of the Shops Act, 1950.

No conditions were found which required action under the Act.

SWIMMING BATHS

There are two public swimming baths in Morley. These are enclosed baths with heated and treated water. The treatment consists of continuous filtration and the addition of chlorine and ammonia.

60 samples were taken from the swimming baths during 1957. One sample was reported as unsatisfactory.

As a consequence of this unsatisfactory sample special consideration was given to the measures necessary to ensure that the bath water is at all times absolutely safe, and close consultations took place between representatives of the Health and Baths Departments. It was felt that the greatest difficulty arose from the problem of keeping up an adequate chlorine dosage to deal with a load which was never constant. As a result of the consultations new testing equipment was purchased for the baths and a routine programme of four tests per day are being carried out so that the chlorine dosage can be adjusted whenever necessary.

VERMINOUS INFESTATION

Number of Council Houses found to be infested with bed bugs	—
Number of Council Houses disinfected	—
Number of other houses found to be infested with bed bugs	105
Number of other houses disinfested	105

2. Methods employed for ber bug infestation :—

- (a) Fumigation with H.C.N.
- (b) Spraying with contact insecticides.

3. Methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council Houses :—

In every case the furniture and effects of the family are inspected by the Public Health Inspector before removal takes place. In all cases where there is evidence or history of verminous infestation, van fumigation by H.C.N. is carried out. During 1957, 105 tenants were removed by the Fumigation Van.

4. Supervision of Council Huoses :—

- (a) Health Department—Public Health Inspector.
- (b) Housing Department—Housing Director.
Two Housing Visitors
(Women).

The system in operation by which the furniture and effects of all families transferred to Council Houses is inspected by the Public Health Inspector before removal takes place and where considered necessary, van fumigation by H.C.N. is carried out, has operated very successfully. Well over a thousand new houses have been occupied since the war, the number of cases of bed bug infestation found in the new houses has been extremely small. Such few cases as have occurred have all been found to be associated with the subsequent purchase of second-hand furniture obtained from premises known to be infested. The Council's regulations require that such furniture shall be inspected before being taken to the Council House, and if this regulation was strictly complied with these few cases could also be prevented.

There seems to be no doubt that the general availability of efficient modern insecticides has done much to reduce the incidence of bed bug infestation throughout the town and the number of cases in private houses referred to the Department is much below the figure obtaining before the war.

On the other hand, there appears to be an increasing tendency to call upon the assistance of the Department for dealing with other insect pests and in appropriate cases the services of our Disinfestation Operative are made available.

There would appear to be an increasing incidence of woodworm infestation and the advice and assistance of the Department was sought in a number of cases during the year.

RODENT CONTROL

Number of properties inspected during 1957:—

(a) As a result of notification	279
(b) Otherwise	231
Number of properties found to be infested with rats	170
Number of properties found to be infested with mice	235
Total number of treatments carried out	405

The work of rodent control is organised in accordance with the recommendations of the Ministry of Agriculture, Fisheries and Food.

The amount of inspectional work carried out during the year showed a decrease, the number of visits falling from 477 in 1956 to 231 in 1957. This was mainly due to the fact that as a result of illness the Corporation was without a full-time operative for a considerable time. It is hoped to continue to give special emphasis to the work of inspection which is so important a means of preventing the occurrence of major infestations.

Test baiting was again carried out in 10 per cent. of the sewer manholes in the Borough. With the exception of a small area in East Ardsley the degree of infestation was so slight that maintenance treatment was not required.

The sewers in a portion of East Ardsley have shown some infestation for several years and in spite of the use of many different treatment techniques it has seemed possible only to keep things under control from one treatment to the next. The results of the 1957 treatments give grounds for hope that greater success is at last being achieved.

ATMOSPHERIC POLLUTION.

No. of timed observations made	252
No. of byelaw contraventions noted	4
No. of warnings issued	3
No. of statutory notices served	1

The number of timed smoke observations made during 1957 was 252 as compared with 87 in 1956. Whilst only four contraventions of the byelaws were noted it appeared fairly obvious from the results that the proposed new standards under the Clean Air Act., 1956 would not be so readily achieved.

As part of their preparations for the enforcement of the Clean Air Act the Health Committee gave special consideration to the steps required to reduce industrial smoke. It was decided to set up a special Smoke Abatement Advisory Committee comprised of representatives of the Council, local industrialists, trades unions and the fuel industries.

The Smoke Abatement Committee held its inaugural meeting during the year when it was decided to carry out a detailed survey of the extent of smoke emission from every factory chimney in the Borough with a view to meeting and discussing the problems involved with the occupiers of premises where smoke emission was excessive. Work on the survey was commenced during the year.

Domestic smoke also came under consideration and a joint sub-committee of the Health and Housing Committee have given instruction for a survey to be carried out in order that detailed consideration might be given to the formation of a Smoke Control Area.

Atmospheric pollution recording gauges were in use in the Borough throughout the year. Three types of instruments are in use. Soot deposit gauges record the total soot deposits. sulphur recording gauges indicate the sulphur pollution and a suction air filter records the general pollution of the air in particles.

In central Morley one of each of these types of gauge is in use and a soot deposit gauge and a sulphur recording gauge has operated at Tingley since April, 1956.

Results obtained from the instrument are as follows:—

Central Morley.

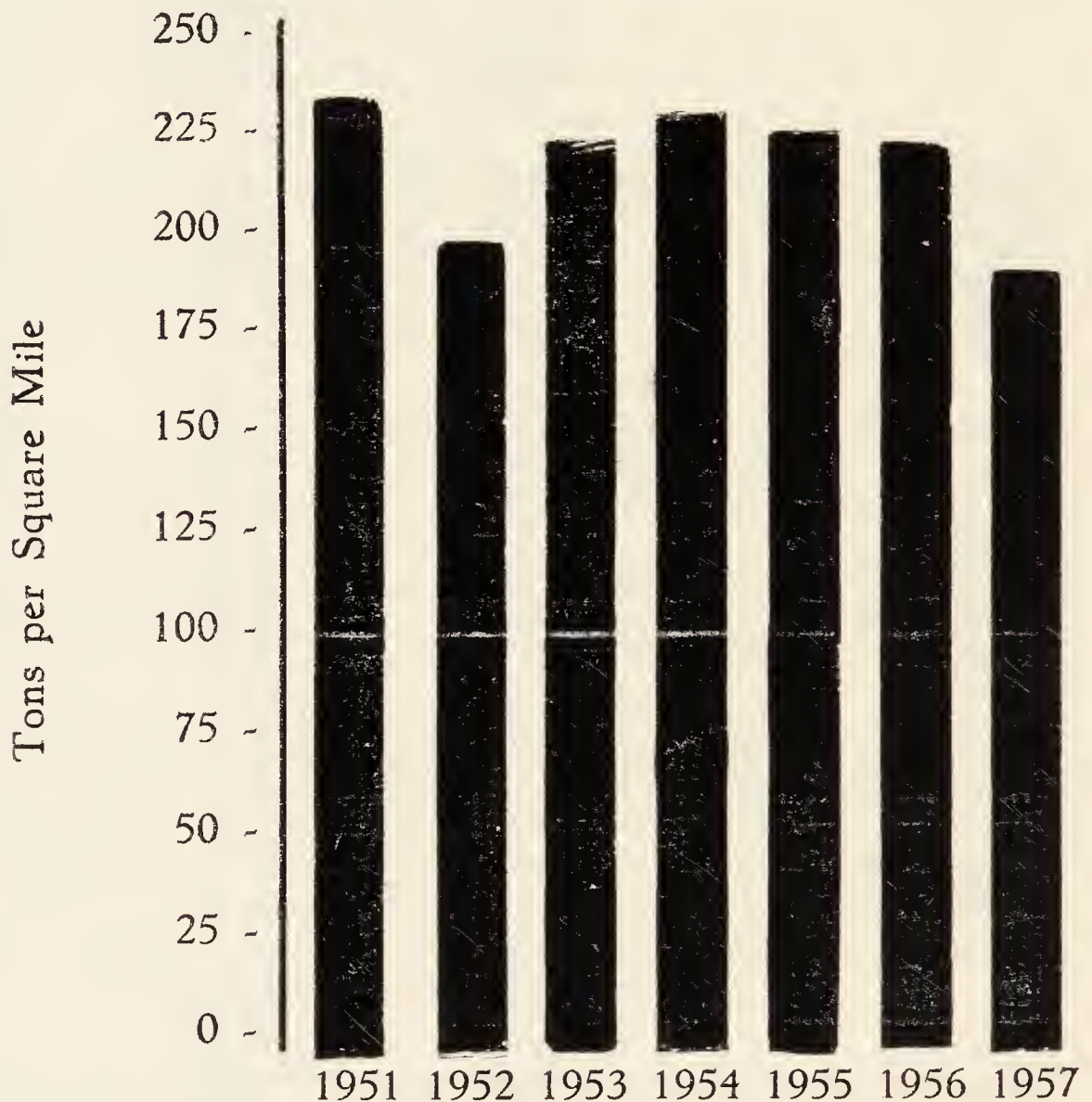
	Deposit Gauge (Tons per sq. mile)	SO ₃ Cyl- inder (Milli- grams per day)	Air Filter (Milli- grams per day)
January	11.23	2.32	.289
February	13.94	2.36	.388
March	21.85	1.86	.290
April	9.39	1.28	.251
May	17.58	1.41	.157
June	12.85	1.24	.072
July	20.90	0.95	.094
August	16.66	1.64	.082
September	17.81	1.41	.112
October	11.73	1.56	.195
November	10.24	2.14	.206
December	17.81	2.49	.174

Tingley.

	Deposit Gauge (Tons per sq. mile)	SO ₃ Cyl- inder (Milli- grams per day)
January	13.40	3.82
February	12.61	2.04
March	4.80	2.77
April	17.97	1.93
May	10.27	0.95
June	18.99	1.12
July	15.96	1.47
August	14.68	0.69
Setpember	12.41	1.24
October	9.68	2.60
November	9.74	1.61
December	10.00	4.24

Comparisons between the results shown by the soot deposit gauge over the past few years are shown on the diagram.

SOOT DEPOSIT GAUGE



RAG FLOCK ACT

The Rag Flock and Other Filling Materials Act, 1951, makes it the duty of the local authority to supervise the manufacture of rag flock and to control the use of materials used in the filling of furniture, toys and bedding.

No. of premises licensed for the manufacture of Rag Flock	1
No. of premises registered for the filling of furniture, bedding, etc.	3
Total number of inspections	15

Samples taken :—

Rag Flock	5
Woollen Felt	3
Coir Fibre	1
Washed layered flock	1

Two samples of rag flock did not conform to the standards laid down by the Regulations. Legal proceedings were taken in respect of these samples and penalties were recorded in each case.

FACTORIES

The following summary shows the work done by the Public Health Inspectors under the provisions of the Factories Act, 1937.

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors):—

Premises	Number on Register (3)	Number of		
		Inspection (4)	Written Notices (5)	Occupi- ers prose- cuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	14	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	212	16	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	8	1	—	—
Total	234	20	2	—

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ...	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation					
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	2	1	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not includ- ing offences relating to Outwork)	—	—	—	—	—
	2	1	—	—	—

Part VIII of the Act

OUTWORK

Sections 110 and 111.

Nature of Work	No. of out- workers	No. of cases of def. sending lists	No. of Prosecutions	No. of Instances	Notices served	Prosecutions
Wearing Apparel:						
Making, etc.						
Cleaning and Washing						
Household Linen						
Lace, lace curtains and nets ...						
Curtains and furniture hangings						
Furniture and upholstery						
Electro-plate						
File making						
Brass and brass articles						
Fur pulling						
Iron and steel						
Anchors and grapnels						
Cart gear						
Locks, latches and keys						
Umbrellas, etc.						
Artificial flowers						
Nets, other than wire nets						
Tents						
Sacks						
Racquet and tennis balls						
Paper bags						
The making of boxes or other receptacles or parts thereof made wholly or partially of paper						
Brush making						
Pea picking						
Feather sorting						
Carding of buttons, etc.						
Stuffed toys						
Basket making						
Chocolates and sweetmeats ...						
Cosakues, Christmas crackers...						
Christmas stockings, etc.						
Textile weaving	9					
Lampshades						
Total	9					

HAIRDRESSERS AND BARBERS

The West Riding County Council (General Powers) Act, 1951 which came into operation in April, 1952, provides that no person shall carry on the trade of hairdresser or barber unless he and his premises are registered by the local authority.

The Act also empowers the local authority to make bye-laws for controlling the trade of hairdressing and such bye-laws are in operation in this area.

There are 44 hairdressers on the register and 13 visits of inspection were made during the year.

PET ANIMALS ACT, 1951

Four premises were registered as Pet Shops during 1957. 38 visits of inspections were made to these premises.

TENTS, VANS AND SHEDS

A small number of caravans was stationed in the district during the year. These were occupied by persons engaged on temporary work in the area and where such caravans and sites were reasonable, licences were issued on a short term basis. The occupiers of caravans on unsuitable sites were persuaded to leave as a result of informal action by the Department.

OFFENSIVE TRADES

There are two premises in the Borough where offensive trades are carried on. One of these is used for the refining of dripping and tallow, and in the other, fat melting, bone boiling, glue making, gut scraping, tripe boiling, soap making and fat extracting is carried out.

Byelaws are in operation for the control of all these trades and during the year 8 inspections were made.

HOUSING

General Statistics

No. of back-to-back houses in area	3821
No. of single back houses in area	1585
No. of through houses (excluding Council houses)	5816
No. of Council houses	3171
<hr/>	
Total number of houses in the area	14393
<hr/>	
No. of houses included in Council's Slum Clearance Programme	2661
No. of above houses represented up to end of 1957	451
No. of dwellinghouses repaired as a result of informal action	342

Repair of Houses

No. of dwellinghouses repaired as a result of statutory action under the Housing Act, 1936	1
No. of dwellinghouses repaired as a result of statutory action under the Public Health Act, 1936	53
<hr/>	
Total No. of dwellinghouses repaired	396
<hr/>	
Total No. of inspections made in connection with the above	1940

Improvement Grants

No. of improvement grants approved during the year	6
--	---

Slum Clearance**(a) Individual houses.**

No. of houses in respect of which Demolition Orders were made	18
No. of houses or parts of buildings in respect of which Closing Orders were made	—
No. of houses closed or demolished as a result of informal action by local authority	2

(b) Clearance Areas

No. of Clearance Areas declared during the year	—
No. of houses included in these areas	—
No. of persons to be displaced	—
(c) Total number of families rehoused from clearance areas or individual unfit houses during the year	103

New House Building

No. of new houses provided during the year:—	
(a) By local authority	150
(b) By private enterprise	86
Total	236

Overcrowding

A recent analysis of the applications for Council houses showed that out of 1814 applications there were 58 cases of statutory overcrowding. Of these 30 were in houses soon to be included in clearance areas. Cases of overcrowding are found from time to time by the Public Health Inspectors and by the Health Visitors where no application has been made for rehousing and in these cases informal efforts are made to persuade the tenants to make the necessary application.

In 1937 after the completion of the Overcrowding Survey there were 685 cases of statutory overcrowding in the town and there can be no doubt that the present position shows that very considerable progress has been made.

Much of the credit for this improvement is due to the operation of the Corporation's "Points" Letting Scheme for Council houses which has been in operation since 1946 and which has made overcrowding a principal factor in estimating need for rehousing.

Certificates of Disrepair

The Rent Act, 1957 came into operation during the year. This Act, in addition to permitting increases in the rents of controlled houses provided new machinery by which tenants could enforce repairs to their houses. This machinery is unfortunately most cumbersome and awkward and its operation involves the use of an unreasonable number of complicated forms.

To assist landlords and tenants, information has been made available, at first in the form of an Advice Bureau opened one evening per week at the Town Hall and later at the Public Health Inspector's Office. Supplies of the various forms were also made available for purchase by landlords and tenants. The facilities provided seem to have served a very useful purpose and over 1000 enquiries have been made at the Public Health Inspector's Office.

At the end of the year the position was as follows:—

No. of applications for certificates of disrepair ...	114
No. of applications confirmed by local authority ...	114
No. of undertakings submitted by landlords	58
No. of certificates of disrepair issued	56
No. of certificates of disrepair cancelled	10

General Housing Conditions.

By co-operation between the Health and Borough Treasurer's Departments the outstanding applications for Council houses have been analysed. The following information was found:—

Summary of Applications:—

	In clear- ance pro- gramme	Not in clear ance pro- gramme	Total
(1) Cases with statutory overcrowding	30	28	58
(2) Cases with points for overcrowding (not including cases in (1) above	146	174	320
(3) Cases with medical points (but no other points except residence)	26	34	60
(4) Cases in rooms but without overcrowding	10	143	153
(5) Bungalow applications with medical points	79	193 (272)	
without medical points ...	55	140 (195)	
		—	467

(6) Applicants with residence points only	196	410	606
	<hr/> 542	<hr/> 1122	<hr/> 1664
(7) Applications from outside Borough			150
			<hr/> 150
		Total applications ...	1814
			<hr/> 1814

These figures provide an interesting commentary on the housing circumstances of the district.

There are 467 applicants from older persons for bungalows and to these may be added a further 115 cases where transfer from larger Council houses to bungalows is pending making a total need of 582 of this type of dwelling.

There are 591 applicants with some degree of housing need but 212 of these will, in any case, be covered by the Council's slum clearance programme leaving a net housing demand for general needs of 379. As 143 of these cases are persons living in rooms but without overcrowding it is possible that as more bungalows are provided for older people the houses which come thus vacated may become available for some of these families. Thus the figure of 379 houses required for general needs may in fact be an overestimate.

Of the total clearance programme of 2661 houses approximately 300 families have been rehoused leaving a potential housing demand for slum clearance rehousing purposes of 2360 houses.

The major housing problems of the area would, therefore, appear to be the replacement of the very many unfit houses in the area and the provision of more houses suitable for older people.

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES.

MILK—DAIRIES

Summary of Milk Dealers on Register

Dairies	8
Distributors	159
Licensed retailers of Pasteurised Milk	38
Licensed retailers of Tuberculin Tested Milk	38
Licensed retailers of Sterilised Milk	140
Licensed bottlers of Tuberculin Tested Milk	1

Inspections

Visits of inspection to Milk Dealers	131
Visits of inspection to Dairies	7
	138

Legal proceedings taken—None.

Formal Action taken—None.

Informal Action taken—Seven cases.

Bacteriological Examinations of Milk

	No. of samples taken	No. Satis- factory	No. factory Unsatis-
Pasteurised	45	45	—
Sterilised	21	21	—
Tuberculin Tested, Pasteurised	40	38	2
Tuberculin Tested, Raw	21	20	1

Biological Sampling of Milk

21 samples were taken during the year. All were free from tuberculosis.

Adulteration of Milk

20 samples were taken during the year for the detection of adulteration. No samples were found to be adulterated.

General

The position found on the inspection of the premises of milk dealers and the results of milk samples taken show a very satisfactory state of affairs.

ICE CREAM

No. of premises registered:

(a) Manufacturers	—
(b) Retailers	171
(c) Producer-retailers	3
No. of samples taken for bacteriological examination	61
No. satisfactory	56
No. unsatisfactory	5
No. of inspections:	
Of manufacturing premises	5
Of retail premises	173

The Ice Cream (Heat Treatment) Regulations, 1947-52, have proved a very successful means of controlling the manufacture and sale of ice cream and have achieved their object of ensuring a clean and safe product. In 1946, the last year before the introduction of the Regulations, out of 44 samples taken in the Borough 21 were found to be unsatisfactory. During the past four years, out of 236 samples taken only 9 have been unsatisfactory.

MEAT INSPECTION

Number of slaughterhouses licences	8
Number of visits made	844

Of the eight private slaughterhouses licensed seven have been in regular use throughout the year. In these slaughterhouses a complete inspection has been carried out of every animal slaughtered. A general tendency for butchers to slaughter at nights and week-ends makes it inevitable that much of the work has to be performed out of normal working hours. Wherever possible the Inspector is present at the time of slaughter and special attention is given to preventing unnecessary pain or suffering. The disposal of condemned meat is arranged by the Department, but any salvage value which may be obtained is paid over to the Butcher concerned.

The total weight of meat condemned was 2 tons 3 cwts. 0 qrs. 23 lbs.

The following tables give details of all animals slaughtered and of the conditions found on inspection:—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	587	463	3	1962	1192	—
Number inspected	587	463	3	1962	1192	—
Other Diseases						
Whole carcasses condemned ...	—	—	1	—	—	—
Carcases of which some organ or part con- demned	57	52	1	13	27	—
Percentage	9.7	11.2	33.3	.66	2.3	—
Tuberculosis only						
Whole carcasses condemned ..	—	1	—	—	—	—
Carcases of which some organ or part condemned ...	36	80	—	—	13	—
Percentage	6.1	17.3	—	—	1.1	—
Cysticercosis ...	2	4	—	—	—	—

Details of Meat Condemned.

Whole Carcasses :

1 Cow

Tuberculosis

1 Calf

Moribund

Organs or Parts of Carcasses:**(a) Tuberculosis Only**

Bovines

28 heads and tongues
 93 lungs.
 11 livers
 19 Mesenteries
 1 part carcass
 2 hearts
 2 kidneys
 2 skirts
 1 stomach

Pigs

12 heads and tongues
 2 plucks
 1 head

(b) Other Diseases

Bovines

3 heads and tongue
 1 head and tongue
 4 heads and tongues
 1 head and tongue
 1 head
 1 head
 2 heads
 52 livers
 2 livers
 13 livers
 13 livers
 2 livers
 2 livers
 1 liver
 9 udders
 1 udder
 1 udder
 2 lungs
 1 lung
 2 lungs
 2 skirts
 2 thick skirts
 2 kidneys
 5 kidneys
 1 heart
 1 heart
 1 carcass
 1 part loin

Cysticercus Bovis
 Abscesses
 Actinomycosis
 Unidentified cysts
 Abscesses
 Cysticercus Bovis
 Cirrhosis
 Cavernous Angioma
 Distomatosis
 Abscesses
 Cloudy Swelling
 Multiple Abscesses
 Unidentified Cysts
 Mastitis
 Bruising
 Abscesses
 Abscesses
 Echinococcus Cysts
 Distomatosis
 Unidentified Cysts
 Adhesions
 Bilateral Hydronephrosis
 Nephritis
 Cysticercus Bovis
 Unidentified Cysts
 Moribund
 Bruising
 Bruising

Pigs

3 heads and tongues	Abscesses
1 lung	Pleurisy
2 lungs	Pneumonia
1 heart	Pleurisy
2 hearts	Pericarditis
2 livers	Septic Arthritis
2 legs	Septic Wounds
2 part carcasses	Nephritis
4 kidneys	Retention Cysts
1 kidney	Urticaria
1 skin	Pleurisy
1 pluck	Hydatid Cysts
1 pluck	Cirrhosis
2 plucks	Abscesses
1 udder	

Sheep

3 lungs	Pneumonia
1 udder	Mastitis
3 livers	Strongyles
1 liver	Abscesses
4 livers	Distomatosis
1 liver	Coccidia

Total weight of meat condemned 2 tons 3 cwts. 0 qrs.
23 lbs.

FOOD INSPECTION

Summary of food found at various inspections to be unfit for human consumption:—

Chopped Pork	39 tins	Pears	79 tins
Ham	16 tins	Fruit Salad	30 tins
Luncheon Meat	24 tins	Oranges	30 tins
Tongue	10 tins	Pineapple	95 tins
Jellied Veal	3 tins	Grapefruit	26 tins
Beef	11 lbs.	Peaches	26 tins
Corned Beef	43 tins	Cherries	12 tins
Beef Loaf	8 tins	Plums	12 tins
Pork	4 tins	Prunes	9 tins
Chicken	1 tin	Strawberries	5 tins
Ham	4 lbs.	Apricots	9 tins
Stewed Steak	45 tins	Grapes	2 tins
Meat Pudding ...	1 tin	Cream	4 tins
Brisling	2 tins	Soup	64 tins
Crab	5 tins	Tomatoes	165 tins
Salmon	12 tins	Milk	37 tins
Crawfish	3 tins	Beef and Tongue...	1 jar
Sardines	19 tins	Peas	172 tins
Pilchards	1 tin	Beans	86 tins
Herring Roe	1 tin	Carrots	3 tins
Haddock	28 lbs.	Spaghetti	6 tins
Sponge Pudding .	1 tin	Mayonnaise	1 tin
Creamed Rice	13 tins	Sausages	1 tin
Sago Pudding ...	1 tin	Mince Pie	1 tin
Lemon Juice	1 tin	Marmalade	3 tins
Currants	8 lbs.	Frozen Egg	2 tins

Total weight of food condemned 13 cwts. 2 qrs. 25 lbs.

Special Examinations of Food

During the course of the year various samples and specimens were forwarded to the laboratories for chemical or bacteriological examination.

Four samples of liquid egg in use in local bakehouses were submitted to the bacteriologist. Three were satisfactory and one was unsatisfactory.

Eight samples of imitation cream were taken and all were reported as satisfactory.

A routine sampling was carried out of liquid egg from local premises engaged in the breaking out, canning and freezing of home produced eggs. 62 samples were taken and of these 61 were satisfactory.

The following samples of food were submitted to the Public Analyst for the detection of adulteration:—

Ice Cream	4
Steak and Kidney Pie	1

All were satisfactory.

Inspection of Food Premises

Details are given below of the numbers of each of the different types of food premises in the Borough and of the number of inspections made of them during the year.

(a) Food Premises subject to registration

	No. registered	No. of inspections
Ice Cream Producers/Retailers ...	3	5
Ice Cream Vendors	171	173
Preserved Food Preparation	57	190
Food Hawkers	60	101
Fried Fish Shops	59	90

(b) Food Premises not subject to registration

	No. in district	No. of inspections
Bakehouses	33	70
Meat Shops and Stalls	49	289
Cafes, Canteens and Restaurant Kitchens	92	86
Retail Food Shops and Stalls ...	311	602
Total No. of inspections of all food premises		1606
No. of cases in which informal action taken		61

Food Hygiene

The hygiene of food premises continued to receive close attention during 1957, a total of 2806 visits being made during the year.

Educational work has again had to be confined to informal discussions at the time of inspection of premises and the issue of written propaganda.

